

# **Seven Year Violent Death Report Of Children in Tennessee 1996-2002**



**Tennessee Department of Health  
Maternal and Child Health Section  
Bureau of Health Services**

**Phil Bredesen  
Governor**

**Kenneth S. Robinson, M.D.  
Commissioner**

**Violent Deaths of Children in Tennessee:  
A Report for 1996-2002**

Prepared for the  
Tennessee Department of Health  
Maternal and Child Health Section

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Special thanks to the child fatality review teams for their efforts in child death review and prevention.

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This report is also available on the Internet:

[http: //www2state.tn.us/health/MCH/childfatalityreviewteam.htm](http://www2state.tn.us/health/MCH/childfatalityreviewteam.htm)

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ACKNOWLEDGEMENTS

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## **Introduction**

Information used to generate this seven year report on violent deaths of children includes deaths determined to be a homicide or a suicide by Tennessee district Child Fatality Teams. Data were taken directly from individual reports generated by Child Fatality Teams when the teams reviewed each reported child fatality that occurred in the State of Tennessee for the years 1996-2002. This report is limited to information submitted for each fatality at the time the fatality review was completed by the district team.

Information concerning violent child deaths occurring in Tennessee has been reported by age group, sex, race, child's environment-place at time of death, cause of death as determined by the district child fatality team and resident location by county. Since an individual child fatality report form did not contain information about the educational level of the child at the time of his or her death, this information is not included in seven year descriptive analysis.

Numbers reported in earlier annual reports may not match this report because all district child fatality team assessments were not completed in time for an annual report. This time lag is due to a back log or delay in autopsy reports or the limited availability of other vital information. Since previous yearly reports were published, efforts have been made by the research team to include individual child fatality cases that had not been completed when annual reports were prepared. Another reason for differences in information from earlier reports is from the teams' efforts to identify and remove duplicate copies of child fatality review forms. Previous reports may have reflected cases that were inadvertently entered more than one time. However, those double entries were few.

The statistical method used to calculate and determine the specific age of each child has also been changed to reflect a higher degree of accuracy. This may have caused a slight change in age category from previous reports when compared to this report. The report reflects a conscientious effort to assign each child fatality case to the correct county of residence. This analysis and county matching was based on the address provided for the child on the district's child fatality report. If an address or zip code information provided on the form was incorrect, it is possible that a child fatality may have been assigned to the wrong county.

Questions concerning the data included in the six tables that provide a description of violent deaths of children 0-17 years of age in Tennessee for the period of 1996-2002, need to be asked of Dr. Susan Smith, Director, UT Safety Center, e-mail at [utsafety@utk.edu](mailto:utsafety@utk.edu) or phone at 865-974-1108.

## Violent Deaths by Age and Year of Death

The 484 children who died as a result of violence from 1996 to 2002 were analyzed by age range as shown in Table I. Most violent deaths occurred for children in the 15 to 17 year age group with 271 or 56% of the violent deaths. In 2001 the fewest violent deaths were reported from among the seven years analyzed. For the year 1996, more violent deaths were reported 91 or 19% of the deaths than any other year in that time period.

<b>Table I. Violent Deaths of Children 0-17 in Tennessee by Age and Year of Death for the Years 1996-2002</b>								
	CHILD DEATH YEAR							Total Deaths
	1996	1997	1998	1999	2000	2001	2002	
Less than 1	9	9	5	8	11	8	10	60
1 to 2	5	1	3	6	5	5	7	32
3 to 5	3	2	7	4	2	5	5	28
6 to 8	4	2	2	3	5	1	1	18
9 to 11	3	3	1	4	4	1	4	20
12 to 14	15	6	5	8	11	6	3	54
15 to 17	52	45	39	35	32	32	36	271
Total Ages Analyzed	91	68	62	68	70	58	66	483
Missing Information	0	0	0	1	0	0	0	1
Total Child Fatalities	91	68	62	69	70	58	66	484

## Violent Deaths by Sex (Gender) and Year of Death

Male children were more likely to be victims of violent deaths for the seven year period (see Table II). Of the overall 484 deaths due to violence, 351 (73%) were males compared to 133 females (27%). Most of the male deaths occurred in 1996 with 67 (19%). Deaths of males decreased from 67 in 1996 to 45 in 2001 and 2002. During the seven year period, female child violent deaths ranged from a high of 24 deaths to 13 deaths per year. In 2001, 13 or 10% of 133 females who died in the seven year period died as a result of violence.

<b>Table II. Violent Deaths of Children 0-17 in Tennessee by Sex and Year of Death for the Years 1996-2002</b>								
	CHILD DEATH YEAR							Total Deaths
	1996	1997	1998	1999	2000	2001	2002	
Male	67	51	44	49	50	45	45	351
Female	24	17	18	20	20	13	21	133
Total Child Fatalities	91	68	62	69	70	58	66	484

### Violent Deaths by Race and Year of Death

Deaths of African American children have declined from 48 in 1996 to 21 in 2002. This reduction of child fatalities for African American children has occurred at a higher incidence than the reduction for white children. Violent deaths among white children were reported to be 42 for 1996 and 43 for 2002. For the seven year period evaluated, 1 child was identified as Asian and 5 were cited in the “Other” category.

<b>Table III. Violent Deaths of Children 0-17 in Tennessee by Race and Year of Death for the years 1996-2002</b>								
	CHILD DEATH YEAR							Total Deaths
	1996	1997	1998	1999	2000	2001	2002	
White	42	39	39	38	34	26	43	261
African American	48	27	22	30	30	30	21	208
Asian	0	1	0	0	0	0	0	1
Other	0	1	1	1	0	1	1	5
Total Analyzed	90	68	62	69	64	57	65	475
Missing Information	1	0	0	0	6	1	1	9
Total Child Fatalities	91	68	62	69	70	58	66	484

### Violent Deaths by Location (County) and Year of Death

Most violent deaths, when assessed by county of residence, occurred in Shelby County. Shelby County had 143 (30%) of the total 484 child fatalities. A decrease in deaths in Shelby County was observed from 30 in 1996 to 18 in 2002. Davidson County was the second highest county location of deaths with 68 (14%) of all deaths occurring in Davidson County. In Davidson County child deaths decreased from 18 in 1996 to 6 deaths in 2002. The ten counties reporting the highest number of violent child fatalities for 1996-2002 are as follows:

<b>County</b>	<b>Number of Deaths</b>
SHELBY	143
DAVIDSON	68
HAMILTON	24
KNOX	23
MONTGOMERY	20
MADISON	13
SUMNER	13
WILSON	10
WASHINGTON	9
BLOUNT	7

<b>Table IV. Violent Deaths of Children 0-17 in Tennessee by Location (County) for the years 1996-2002</b>								
	CHILD DEATH YEAR							Total Deaths
	1996	1997	1998	1999	2000	2001	2002	
ANDERSON	1	0	0	1	1	1	2	6
BEDFORD	1	0	1	0	0	0	1	3
BENTON	1	0	0	0	0	0	0	1
BLOUNT	1	0	0	3	1	1	1	7
BRADLEY	1	0	1	0	2	0	1	5
CAMPBELL	0	0	0	1	0	1	0	2
CANNON	1	1	0	0	0	0	0	2
CARROLL	0	0	1	1	0	0	0	2
CARTER	0	0	0	1	0	0	0	1
CHEATHAM	0	1	0	1	0	1	0	3
CLAIBORNE	1	0	1	0	1	0	0	3
COCKE	0	0	0	0	0	1	2	3
COFFEE	0	0	0	0	1	0	0	1
CROCKETT	1	0	0	0	0	0	0	1
CUMBERLAND	2	0	0	0	1	0	1	4
DAVIDSON	18	9	4	13	8	10	6	68
DECATUR	0	2	0	0	0	0	1	3
DICKSON	0	1	1	0	0	0	1	3
DYER	0	0	0	0	1	0	0	1
FRANKLIN	0	0	0	0	1	0	0	1
GIBSON	1	0	1	1	1	0	0	4
GILES	0	1	0	0	0	0	0	1
GRAINGER	0	1	0	0	0	0	0	1
GREENE	1	0	1	0	1	1	0	4
GRUNDY	0	0	1	0	0	0	1	2
HAMBLÉN	0	0	0	0	1	0	0	1
HAMILTON	2	5	2	4	5	5	1	24
HARDIN	1	0	1	0	0	0	0	2
HAWKINS	1	1	0	0	0	0	1	3
HAYWOOD	0	1	0	0	0	1	0	2
HENDERSON	0	1	1	0	0	0	0	2
HENRY	1	0	1	0	1	0	0	3
HICKMAN	1	0	2	0	0	0	1	4
JACKSON	0	0	0	1	0	0	3	4
JEFFERSON	1	0	0	0	0	0	1	2
JOHNSON	0	0	0	0	0	0	1	1
KNOX	7	1	3	2	4	2	4	23
LAKE	0	0	0	0	0	0	1	1
LAUDERDALE	1	0	1	0	0	0	0	2
LAWRENCE	0	0	0	0	0	1	0	1
LEWIS	1	0	0	0	0	0	0	1
LINCOLN	1	0	0	0	0	0	0	1
LOUDON	0	1	1	0	0	0	2	4
MADISON	1	1	3	4	1	3	0	13



<b>Table IV. Violent Deaths of Children 0-17 in Tennessee by Location (County) for the years 1996-2002</b>								
	CHILD DEATH YEAR							Total Deaths
	1996	1997	1998	1999	2000	2001	2002	
MARION	0	0	1	0	1	0	0	2
MARSHALL	0	0	1	0	0	0	0	1
MAURY	1	4	0	1	0	0	0	6
MCMINN	0	1	1	0	0	0	0	2
MCNAIRY	0	1	1	0	0	0	0	2
MONROE	0	0	0	0	0	0	1	1
MONTGOMERY	2	3	3	1	2	4	5	20
MORGAN	0	0	0	1	0	0	0	1
OBION	0	0	0	1	0	0	0	1
POLK	0	0	1	0	0	0	0	1
PUTNAM	2	1	0	0	1	1	1	6
RHEA	0	0	0	3	2	0	0	5
ROANE	0	0	0	1	0	0	0	1
ROBERTSON	1	0	0	1	1	0	0	3
RUTHERFORD	0	2	0	0	1	1	1	5
SEQUATCHIE	1	1	0	0	0	0	0	2
SEVIER	0	0	0	1	0	2	1	4
SHELBY	30	19	19	17	25	15	18	143
SULLIVAN	1	2	0	0	1	0	0	4
SUMNER	0	4	1	0	2	4	2	13
TIPTON	0	0	0	1	0	0	1	2
TROUSDALE	0	0	1	0	0	0	0	1
UNICOI	0	0	1	0	0	0	0	1
WARREN	2	0	0	3	0	0	1	6
WASHINGTON	2	1	3	1	1	0	1	9
WHITE	1	1	0	0	0	0	1	3
WILLIAMSON	0	0	1	0	0	1	1	3
WILSON	0	1	1	4	2	2	0	10
Total Child Fatalities	91	68	62	69	70	58	66	484

### Violent Child Deaths by Environment-Place of Death and Year of Death

The place of death most frequently reported was the child's residence (156 or 32%). The second most reported location was the scene of incident (93 or 19%). A hospital emergency room was the third highest location for death (87 or 18%), (see Table V).

<b>Table V. Violent Child Deaths in Tennessee ages 0-17 by Environment-Place of Death for the years 1996-2002</b>								
	CHILD DEATH YEAR							Total Deaths
	1996	1997	1998	1999	2000	2001	2002	
Hospital Inpatient	13	6	7	15	13	11	15	80
Hospital Emergency Room	19	9	11	10	11	12	15	87
In Transit	1	0	0	1	2	2	0	6
Institutional Setting	0	1	0	2	0	1	0	4
At Scene of Incident	0	23	14	18	16	10	12	93
Child's Residence	28	22	25	20	24	15	22	156
Relative's/Friend's Home	6	6	2	3	2	3	0	22
Child Care	0	0	0	0	0	0	1	1
Not Listed	24	0	0	0	0	1	0	25
Missing Information	0	1	3	0	2	3	1	10
Total	91	68	62	69	70	58	66	484

### Violent Child Deaths by Cause and Year of Death

The highest number of violent child deaths for the years 1996-2002 reported to be the result of a firearm with 273 or 56% of the 484 deaths. Inflicted injury was the second highest cause of violent child death with 110 deaths or 23%. Between 1996 and 2002, the number of deaths reporting a firearm as the cause of violent deaths decreased from 59 in 1996 to 31 in 2002. During this seven year period, there was a slight increase in deaths from suffocation/strangulation from 6 in 1996 to 10 in 2002. Firearm and inflicted injury categories represent the largest number of violent death causes for children in Tennessee (see Table VI.).

<b>Table VI. Violent Child Deaths in Tennessee ages 0-17 by Cause and Year of Death for the years 1996-2002</b>								
	CHILD DEATH YEAR							Total Deaths
	1996	1997	1998	1999	2000	2001	2002	
Lack of adequate care	2	1	0	1	1	1	0	6
Drowning	3	0	0	0	1	2	1	7
Suffocation/strangulation	6	7	7	9	7	7	10	53
Vehicular	0	1	2	3	2	4	3	15
Firearm	59	48	38	39	36	22	31	273
Inflicted Injury	16	11	12	14	21	18	18	110
Poisoning/overdose	4	0	1	2	1	2	3	13
Fire/burn	0	0	0	1	1	2	0	4
Unknown cause	1	0	0	0	0	0	0	1
Total Cause Analyzed	91	68	60	69	70	58	66	482
Missing Information	0	0	2	0	0	0	0	2
Total Child Fatalities	91	68	62	69	70	58	66	484

The six tables are illustrative of the data reported during the numerous hours performed by the child fatality assessment teams (CFAT) in Tennessee during the period 1996-2002. The authors of the report are appreciative of CFAT's efforts in assessment. Information contained in the seven year report may be used to make inferences about violent child deaths and the prevention of intentional deaths.

# APPENDIX

## **Child Fatality Review and Prevention Act**

### **Section**

#### **68-142-101. Short title**

#### **68-142-102. Child fatality prevention team**

#### **68-142-103. Composition.**

#### **68-142-104. Voting members-Vacancies**

#### **68-142-105. Duties of state team**

#### **68-142-106. Local teams-Composition-Vacancy-Chair-Meetings**

#### **68-142-107. Duties of local teams**

#### **68-142-108. Powers of local team-Limitations-Confidentiality of state and local team records**

#### **68-142-109. Staff and consultants**

#### **68-142-101. Short title**

The chapter shall be known as and may be cited as the "Child Fatality Review and Prevention Act of 1995."

[Acts 1995, ch.511,§ 1.]

#### **68-142-102. Child fatality prevention team**

There is hereby created the Tennessee child fatality prevention team, otherwise known as the state team. For administrative purposes only, the state team shall be attached to the department of health.

[Acts 1995, ch. 511, § 1.]

#### **68-142-103. Composition**

The state team shall be composed as provided herein. Any ex officio member, other than the commissioner of health, may designate an agency representative to serve in such person's place. Members of the state team shall be as follows:

- (1) The commissioner of health, who shall chair the state team;
- (2) The attorney general and reporter;
- (3) The commissioner of children's services;
- (4) The director of the Tennessee bureau of investigation;
- (5) A physician nominated by the state chapter of the American Medical Association;
- (6) A physician to be appointed by the commissioner of health who is credentialed in forensic pathology, preferably with experience in pediatric forensic pathology;
- (7) The commissioner of mental health and mental retardation;
- (8) A member of the judiciary selected from a list submitted by the chief justice of the Tennessee Supreme Court;
- (10) The executive director of the commission of children and youth;
- (11) The president of the state professional society on the abuse of children
- (12) A team coordinator, to be appointed by the commissioner of health;
- (13) The chair of the select committee on children and youth;
- (14) Two members of the house of representatives to be appointed by the speaker of the house, at least one of whom shall be a member of the house health and human resources committee; and
- (15) Two senators to be appointed by the speaker of the senate at least one of whom shall be a member of the senate general welfare, health and human resources committee.

[Acts 1995, ch. 511, § 152.]

#### **68-142-104. Voting members-Vacancies**

All members of the state team shall be voting members. All vacancies shall be filled by the appointing or designating authority in accordance with the requirements of § 68-142-103.

[Acts 1995, ch. 511, § 1.]

#### **68-142-105. Duties of state team**

The state team shall:

- (1) Review reports from the local child fatality review teams;
- (2) Report to the governor and the general assembly concerning the state team's activities and its recommendations for changes to any law, rule, and policy that would promote the safety and well-being of children;
- (3) Undertake annual statistical studies of the incidence and causes of child fatalities in this state. The studies shall include an analysis of community and public and private agency involvement with the decedents and their families prior to and subsequent to the deaths;
- (4) Provide training and written materials to the local teams established by this chapter to assist them in carrying out their duties. Such written materials may include model protocols for the operation of local teams;
- (5) Develop a protocol for the collection of data regarding child deaths;
- (6) Upon request of a local team, provide technical assistance to such team, including the authorization of another medical or legal opinion on a particular death; and
- (7) Periodically assess the operations of child fatality prevention efforts and make recommendations for changes as needed.

[Acts 1995, ch. 511, § 2.]

#### **68-142-106. Local teams-Composition-Vacancy-Chair-Meetings**

- (a) There shall be a minimum of one local team in each judicial district;
- (b) Each local team shall include the following statutory members or their designees:
  - (1) A supervisor of social services in the department of children's services within the area served by the team;
  - (2) The regional health officer in the department of health in the area served by the team or such officer's designee, who shall serve as interim chair pending the election by the local team;
  - (3) A medical examiner who provides services in the area served by the team;
  - (4) A prosecuting attorney appointed by the district attorney general;
  - (5) The interim chair of the local team shall appoint the following members to the local team:
    - (a) A local law enforcement officer;
    - (b) A mental health professional;
    - (c) A pediatrician or family practice physician;
    - (d) An emergency medical service provider or firefighter; and
    - (e) A representative from a juvenile court.

- (c) Each local child fatality team may include representatives of public and nonpublic agencies in the community that provide services to children and their families;
- (d) The local team may include non-statutory members to assist them in carrying out their duties. Vacancies on a local team shall be filled by the original appointing authority;
- (e) A local team shall elect a member to serve as chair;
- (f) The chair of each local team shall schedule the time and place of the first meeting, and shall prepare the agenda. Thereafter, the team shall meet no less often than once per quarter and often enough to allow adequate review of the cases meeting the criteria for review.

[Acts 1995, ch. 511, § 3; 1996, ch. 1079, § 152.]

#### **68-142-107. Duties of local teams**

- (a) The local child fatality review teams shall:
  - (1) Be established to cover each judicial district in the state;
  - (2) Review, in accordance with the procedures established by the state team, all deaths of children seventeen (17) years of age or younger;
  - (3) Collect data according to the protocol developed by the state team;
  - (4) Submit data on child deaths quarterly to the state team;
  - (5) Submit annually to the state team recommendations, if any, and advocate for system improvements and resources where gaps and deficiencies may exist; and
  - (6) Participate in training provided by the state team.
- (b) Nothing in this chapter shall preclude a local team from providing consultation to any team member conducting an investigation.
- (c) Local child fatality review teams may request a second medical or legal opinion to be authorized by the state team in the event that a majority of the local team's statutory membership is in agreement that a second opinion is needed.

[Acts 1995, ch. 511, § 4.]

#### **68-142-108. Powers of local team-Limitations-Confidentiality of state and local team records**

- (a) The local team shall have access to and subpoena power to obtain all medical records and records maintained by any state, county or local agency, including, but not limited to, police investigations data, medical examiner investigative data and social services records, as necessary to complete the review of a specific fatality.
- (b) The local team shall not, as part of the review authorized under this chapter, contact, question or interview the parent of the deceased child or any other family member of the child whose death is being reviewed.
- (c) The local team may request that persons with direct knowledge of circumstances surrounding a particular fatality provide the local team with information necessary to complete the review of the particular fatality; such persons may include the person or persons who first responded to a report concerning the child.
- (d) Meetings of the state team and each local team shall not be subject to the provisions of title 8, chapter 44, part 1. Any minutes or other information generated during official meetings of state or local teams shall be sealed from public inspection. However, the state and local teams may periodically make available, in a general manner not revealing confidential information about children and families, the

aggregate findings of their reviews and their recommendations for preventive actions.

- (e) (1) All otherwise confidential information and records acquired by the state team or any local child fatality review team in the exercise of the duties are confidential, are not subject to discovery or introduction into evidence in any proceedings, and may only be disclosed as necessary to carry out the purposes of the state team or local teams.
- (2) In addition, all otherwise confidential information and records created by a local team in the exercise of its duties are confidential, are not subject to discovery or introduction in evidence in any proceedings, and may only be disclosed as necessary to carry out the purposes of the state or local teams. Release to the public or the news media of information discussed at official meetings is strictly prohibited. No member of the state team, a local team nor any person who attends an official meeting of the state team or a local team, may testify in any proceeding about what transpired at the meeting, about information presented at the meeting, or about opinions formed by the person as a result of the meeting.
- (3) This subsection shall not, however, prohibit a person from testifying in a civil or criminal action about matters within that person's independent knowledge.
- (f) Each statutory member of a local child fatality review team and each non-statutory member of a local team and each person otherwise attending a meeting of a local child fatality review team shall sign a statement indicating an understanding of and adherence to confidentiality requirements, including the possible civil or criminal consequences of any breach of confidentiality.

[Acts 1995, ch. 511, § 5.]

#### **68-142-109. Staff and consultants**

To the extent of funds available, the state team may hire staff or consultants to assist the state team and local teams in completing their duties.



## **State Child Fatality Prevention Team Members**

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Serves as a physician selected from nominations submitted by the State chapter of the American Medical Association

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<b>Sharon A. Woodard / Dr. Alison Asaro</b> Mid Cumberland Reg. Health Office 710 Hart Lane Nashville, TN 37247-0801	Phone: (615) 650-7015  Fax 262-6139 Melissa Crook 650-4008	<b>JD 16:</b> Cannon and Rutherford Counties <b>JD 18:</b> Sumner County <b>JD 1901:</b> Montgomery County <b>JD 1902:</b> Robertson County <b>JD 2102:</b> Williamson County <b>JD 23:</b> Cheatham, Dickson, Houston, Humphreys, and Stewart Counties
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# **NOTES**

# **NOTES**





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